

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9-8-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 95900.

### II. FINDINGS

1. The requestor billed \$1,008.00 for the disputed services.
2. The respondent paid \$384.00 based upon "F – The charge for this procedure exceeds the Fee schedule or usual and customary values as established by Ingenix."
3. Total amount in dispute per TWCC-60 is \$128.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-4-03	95900 (x8)	\$1008.00	\$384.00	F	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median, Ulnar, Axillary and Radial nerves bilaterally. Therefore, the appropriate reimbursement of 8 X \$64.00 = \$512.00. The requestor is entitled to additional reimbursement of \$128.00.

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900, in the amount of **\$128.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$128.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4<sup>th</sup> day of June 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division